



LICENSING BOARD FOR THE CITY OF BOSTON

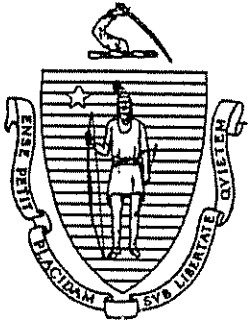
1 City Hall Sq., Room 809, Boston, MA 02201

NEW APPLICATION FOR ALCOHOLIC BEVERAGES LICENSE

(Club, Druggists, Innholder, General On Premises, Restaurant, Package store, and Tavern)

- ☞ **ABCC application** (2 forms)
(All new licenses must fill out the closing hour request)
(Attach a copy of lease agreement)
(Attach a pledge agreement, only if this license is being pledged)
- ☞ **Articles of Incorporation** (2 forms)
(from Secretary of State Office at One Ashburton Place)
- ☞ **Financial Disclosure Form** (2 forms) (LAST THREE (3) BANK STATEMENTS)
- ☞ **Manager Experience Form** (2 forms)
- ☞ **Criminal Record Form**
(one form for each manager and each officer)
- ☞ **Abutters Affidavit Form** (with return of service receipts)
(list of abutters' addresses may be obtained at the Assessing Dept. Room 301)
- ☞ **Corporate Vote Form** (2 forms)
- ☞ **Floor Plan** (2 copies: size 8 ½ x 11)
- ☞ **City of Boston filing Fees \$100.00**
(made payable to the City of Boston)
- ☞ **Advertising Fee \$170.00**
(made payable to the Boston Herald)
- ☞ **ABCC filing Fee \$200.00**
(made payable to the ABCC)

- All new licenses must show documentation that the location has appropriate zoning for an alcohol license.
- Applications for alcohol licenses follow a four-step process. **First:** The licensee should meet with the appropriate City Councillor, or State Representative, Senator, and local Neighborhood Committee. **Second:** The Boston Licensing Board will hold a hearing on the application. **Third:** Only after the application is granted by the Licensing Board, will it be sent to the ABCC for approval. **Fourth:** Only after approval from the ABCC, The license will be issued by the Licensing Board upon payment of the license fee and an updated Certificate of Inspection. The license fee must be made payable to the City of Boston.
- All checks must be certified by a Bank or an Attorney.
- For additional information about this process, please see the personnel in the Administration Office.
- Phone (617) 635-4170, 4170, 4172. FAX 635-4742



The Commonwealth of Massachusetts

Alcoholic Beverages Control Commission

239 Causeway Street

Boston, MA 02114

Application for Alcoholic Beverage License for Retail Sale

City/Town: _____

- | | |
|--|---|
| <input type="checkbox"/> New License | <input type="checkbox"/> New Officer/Director |
| <input type="checkbox"/> Transfer of License | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Transfer of Stock | (specify) |

Section 1

Name to appear on the license: _____

Business Name (d/b/a, if different): _____

Manager of Record: _____ FID of Licensee: _____

Address of Premises: _____ Zip Code: _____

Phone number of premises: _____

Section 2 Type of license: (check one only)

- | | | |
|---|--|--|
| <input type="checkbox"/> Club | <input type="checkbox"/> Package Store | <input type="checkbox"/> Veterans Club |
| <input type="checkbox"/> General on Premise | <input type="checkbox"/> Restaurant | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Innholder | <input type="checkbox"/> Tavern | |

Section 3 License Category

- | | |
|---|--|
| <input type="checkbox"/> All Alcoholic | <input type="checkbox"/> Wine and Malt |
| <input type="checkbox"/> Malt Only | <input type="checkbox"/> Wine Only |
| <input type="checkbox"/> Wine and Malt with Cordials Permit | |

Section 4 License Class

- | | |
|---------------------------------|-----------------------------------|
| <input type="checkbox"/> Annual | <input type="checkbox"/> Seasonal |
|---------------------------------|-----------------------------------|

Section 5 Person (attorney if applicable) who can be contacted concerning this application

Name: _____

Address: _____

Phone Number: _____

Section 6 Give a full description of the premises to be licensed, including location of all entrances and exits:

6a.

Seating Capacity: _____ Occupancy Number: _____

Section 7

Applicant is an:

() Association () Corporation () Individual
() Partnership () Non-profit corporation () LLC

Section 8 If applicant is an individual or partnership – List for individual or each partner:

Full Name	Home Address	DOB	SSN

8a Is individual or all partners United States citizens? () Yes () No

If no, specify citizenship: _____

8b. Is individual or all partners involved at least twenty-one years old?() Yes () No

Section 9 If the applicant is a corporation, complete the following:

State of Incorporation: _____ Date of Incorporation: _____

Fiscal Year Ends: _____ Date qualified to do business in MA: _____

9a. How many shares of stock are authorized: _____ How many shares are issued: _____

Provide in the box the names if all officers, directors, stockholders and manager.

Use * to indicate director

Title	Full Name	Home Address	DOB	SSN	Shares of stock owned or controlled

9b. Attach a copy of the vote by the Board of Directors appointing a manager or principal representatives.

9c. If the applicant is a corporation, answer the following questions:

1. Are the majority of directors United States citizens? ☐ Yes ☐ No
2. Are the majority of directors citizens of Massachusetts? ☐ Yes ☐ No
3. Is the manager or principal representative a U.S. citizen? ☐ Yes ☐ No

Section 10 If the applicant is an association, provide in the box below the names of all association officers and members.

Title	Full Name	Home Address	DOB	SSN	Phone Number

10b. Attach a list of all members of the LLC.

Section 11 Will there be any construction, remodeling, redecorating or building on the premises for this license?
☐ Yes ☐ No (If yes complete a,b, c and d)

a. Give an exact description of the construction, remodeling, redecorating or building on the premises:

b. What are the estimated costs: _____

c. What is the construction schedule: _____

d. State all sources of construction financing: _____

Section 12

Do you own the premises? ☐ Yes ☐ No. If yes, please respond to the question below.

☐ As an individual ☐ Jointly _____ Name of Realty Trust

_____ Name of Corporation

☐ Other _____

(If you do not own the premises to be licensed, provide the following information about the owner.)

Name: _____ Phone Number: _____

Address: _____

12a. If a lease or rental, provide the following information: \$_____ per _____
(month, year, etc.)

Beginning date of lease _____ Ending Date of lease _____
(provide copy of the lease)

FINANCIAL

Section 13

What assets were purchased and cost?

Equipment: \$_____ Furniture: \$_____ Goodwill: \$_____

Inventory: \$_____ License: \$_____ Premise: \$_____

13a. Total Purchase Price: \$_____

13b. Identify below all sources of financing:

Mortgage: \$_____ Seller: \$_____

Cash: \$_____ Other (specify): \$_____

Document all sources e.g. Loan papers, checking accounts, stock sales, etc.

13c.

All other terms and conditions: _____
(provide purchase and sale documents)

13d. Are you seeking approval for license to be pledged: () Yes () No

If yes, to whom: _____

13e. Will the inventory be pledged: () Yes () No

If yes, specify to whom: _____

13f. If a corporation, are you seeking approval for any corporate stock to be pledged:

() Yes () No

If yes, identify to whom and identify the number of shares: _____

OWNERSHIP INTERESTS

Section 14 State the following information for all persons or entities who will have any direct or indirect beneficial or financial interest in this license:

Full Name	Home Address	DOB	SSN	Phone Number

14a. Describe all types of beneficial or financial interest each person or entity identified in Question 14 will have in this license:

Person or entity	Beneficial or financial interest

14b. Does any person or entity listed in Question 14 have any direct or indirect beneficial or financial interest in any other license granted under Chapter 138?

() Yes () No

Name	Type of license	License Name and Address	Description of Interest

14c. Has any person or entity named in Question 14 ever held a license or a beneficial interest in a license issued under Chapter 138 which is not presently held? () Yes () No

(If yes, provide the following for each person or entity.)

Name	Type of License	License Name and Address	Date ownership surrendered

14d. Describe how all licenses in Question 14c were terminated (e.g. transfer of ownership, non-renewal, surrender, etc.)

Date	License	Reason why the license was terminated

14e. Has any person or entity named in Question 14 ever had a license suspended, revoked or cancelled?

() Yes () No

(If yes, provide the following information)

Date	License	Reason why the license was suspended, revoked or cancelled

14f. Has any person or entity named in Question 14 ever been convicted of violating any state, federal or military law? () Yes () No

15. a. Each individual applicant must sign.
b. Applications by a partnership must be signed by a majority of the partners.
c. Applications by a corporation must be signed by an officer authorized by a vote of the corporations Board of Directors.
d. Applications by an association must be signed by a majority of the members if the governing body. All signers must have answered question 10.
e. False information or failure to disclose are reasons to revoke a license or deny a license application.

Signed and subscribed to under the penalty of perjury, this ____ day of _____, 20____.

By: Signature of Full Name

Title

**BUILDING DEPARTMENT
CLEARANCE**

Date Issued _____

Date Expires _____

Seating Capacity _____

OTHER LICENSES

APPLICANTS MUST FILL IN THIS SIDE
Application for
COMMON VICTUALER LICENSE and
ALCOHOLIC BEVERAGES LICENSE
20 _____

Application No. _____ License No. _____

Class _____

Ward _____ Prec. _____ Div. _____

Tel. No. _____ Zip Code _____

Name _____

Address _____

Board's Action

GRANTED _____

REJECTED _____

RECONSIDERED _____

Date Rec'd _____ Adv. _____ Paper _____

Hearing Date _____ Time _____

Approved by ABCC _____

Fee _____ Paid _____

Attorney Filing _____

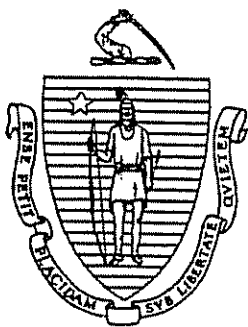
RESTRICTIONS—REMARKS

Closing Hour Req. _____

Closing Hour Granted _____

Rec'd By: _____ Fee _____

Receipt No. _____



The Commonwealth of Massachusetts

Alcoholic Beverages Control Commission

239 Causeway Street

Boston, MA 02114

Application for Alcoholic Beverage License for Retail Sale

City/Town: _____

- | | |
|--|---|
| <input type="checkbox"/> New License | <input type="checkbox"/> New Officer/Director |
| <input type="checkbox"/> Transfer of License | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Transfer of Stock | (specify) |

Section 1

Name to appear on the license: _____

Business Name (d/b/a, if different): _____

Manager of Record: _____ FID of Licensee: _____

Address of Premises: _____ Zip Code: _____

Phone number of premises: _____

Section 2 Type of license: (check one only)

- | | | |
|---|--|--|
| <input type="checkbox"/> Club | <input type="checkbox"/> Package Store | <input type="checkbox"/> Veterans Club |
| <input type="checkbox"/> General on Premise | <input type="checkbox"/> Restaurant | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Innholder | <input type="checkbox"/> Tavern | |

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|---|--|
| <input type="checkbox"/> All Alcoholic | <input type="checkbox"/> Wine and Malt |
| <input type="checkbox"/> Malt Only | <input type="checkbox"/> Wine Only |
| <input type="checkbox"/> Wine and Malt with Cordials Permit | |

Section 4 License Class

- | | |
|---------------------------------|-----------------------------------|
| <input type="checkbox"/> Annual | <input type="checkbox"/> Seasonal |
|---------------------------------|-----------------------------------|

Section 5 Person (attorney if applicable) who can be contacted concerning this application

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Full Name	Home Address	DOB	SSN

8a. Is individual or all partners United States citizens? () Yes () No

If no, specify citizenship: _____

8b. Is individual or all partners involved at least twenty-one years old?() Yes () No

Section 9 If the applicant is a corporation, complete the following:

State of Incorporation: _____ Date of Incorporation: _____

Fiscal Year Ends: _____ Date qualified to do business in MA: _____

9a. How many shares of stock are authorized: _____ How many shares are issued: _____

Provide in the box the names if all officers, directors, stockholders and manager.

Use * to indicate director

Title	Full Name	Home Address	DOB	SSN	Shares of stock owned or controlled

9b. Attach a copy of the vote by the Board of Directors appointing a manager or principal representatives.

9c. If the applicant is a corporation, answer the following questions:

1. Are the majority of directors United States citizens? ☐ Yes ☐ No
2. Are the majority of directors citizens of Massachusetts? ☐ Yes ☐ No
3. Is the manager or principal representative a U.S. citizen? ☐ Yes ☐ No

Section 10 If the applicant is an association, provide in the box below the names of all association officers and members.

Title	Full Name	Home Address	DOB	SSN	Phone Number

10b. Attach a list of all members of the LLC.

Section 11 Will there be any construction, remodeling, redecorating or building on the premises for this license?
☐ Yes ☐ No (If yes complete a,b, c and d)

a. Give an exact description of the construction, remodeling, redecorating or building on the premises:

b. What are the estimated costs: _____

c. What is the construction schedule: _____

d. State all sources of construction financing: _____

Section 12

Do you own the premises? ☐ Yes ☐ No. If yes, please respond to the question below

☐ As an individual ☐ Jointly _____ Name of Realty Trust

_____ Name of Corporation

☐ Other _____

(If you do not own the premises to be licensed, provide the following information about the owner.)

Name: _____ Phone Number: _____

Address: _____

12a. If a lease or rental, provide the following information: \$_____ per _____
(month, year, etc.)

Beginning date of lease _____ Ending Date of lease _____
(provide copy of the lease)

FINANCIAL

Section 13

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Equipment: \$_____ Furniture: \$_____ Goodwill: \$_____

Inventory: \$_____ License: \$_____ Premise: \$_____

13a. Total Purchase Price: \$_____

13b. Identify below all sources of financing:

Mortgage: \$_____ Seller: \$_____

Cash: \$_____ Other (specify): \$_____

Document all sources e.g. Loan papers, checking accounts, stock sales, etc.

13c.

All other terms and conditions: _____
(provide purchase and sale documents)

13d. Are you seeking approval for license to be pledged: () Yes () No

If yes, to whom: _____

13e. Will the inventory be pledged: () Yes () No

If yes, specify to whom: _____

13f. If a corporation, are you seeking approval for any corporate stock to be pledged:

() Yes () No

If yes, identify to whom and identify the number of shares: _____

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Full Name	Home Address	DOB	SSN	Phone Number

14a. Describe all types of beneficial or financial interest each person or entity identified in Question 14 will have in this license:

Person or entity	Beneficial or financial interest

14b. Does any person or entity listed in Question 14 have any direct or indirect beneficial or financial interest in any other license granted under Chapter 138?

() Yes () No

Name	Type of license	License Name and Address	Description of Interest

14c. Has any person or entity named in Question 14 ever held a license or a beneficial interest in a license issued under Chapter 138 which is not presently held? () Yes () No
(If yes, provide the following for each person or entity.)

Name	Type of License	License Name and Address	Date ownership surrendered

14d. Describe how all licenses in Question 14c were terminated (e.g. transfer of ownership, non-renewal, surrender, etc.)

Date	License	Reason why the license was terminated

14e. Has any person or entity named in Question 14 ever had a license suspended, revoked or cancelled?

() Yes () No

(If yes, provide the following information)

Date	License	Reason why the license was suspended, revoked or cancelled

14f. Has any person or entity named in Question 14 ever been convicted of violating any state, federal or military law? () Yes () No

15. a. Each individual applicant must sign.
b. Applications by a partnership must be signed by a majority of the partners.
c. Applications by a corporation must be signed by an officer authorized by a vote of the corporations Board of Directors.
d. Applications by an association must be signed by a majority of the members if the governing body. All signers must have answered question 10.
e. False information or failure to disclose are reasons to revoke a license or deny a license application.

Signed and subscribed to under the penalty of perjury, this ____ day of _____, 20____.

By: Signature of Full Name

Title

**BUILDING DEPARTMENT
CLEARANCE**

Date Issued _____

Date Expires _____

Seating Capacity _____

OTHER LICENSES

APPLICANTS MUST FILL IN THIS SIDE
Application for
COMMON VICTUALER LICENSE and
ALCOHOLIC BEVERAGES LICENSE
20 _____

Application No. _____ License No. _____

Class _____

Ward _____ Prec. _____ Div. _____

Tel. No. _____ Zip Code _____

Name _____

Address _____

Board's Action

GRANTED _____

REJECTED _____

RECONSIDERED _____

Date Rec'd _____ Adv. _____ Paper _____

Hearing Date _____ Time _____

Approved by ABCC _____

Fee _____ Paid _____

Attorney Filing _____

RESTRICTIONS—REMARKS

Closing Hour Req. _____

Closing Hour Granted _____

Rec'd By: _____ Fee _____

Receipt No. _____

LICENSING BOARD FOR THE CITY OF BOSTON

Room 809, City Hall, Boston, Mass. 02201

Date _____ 19____

FINANCIAL DISCLOSURE FORM

ALL APPLICANTS/PETITIONERS MUST COMPLETE THIS FORM FOR ALL TRANSFERS OF INTERESTS, PLEDGES OF ANY KIND, AND FOR NEW APPLICATIONS.

1. CORPORATION, INDIVIDUAL OR PARTNER'S NAME(s)	ADDRESS	CITY OR TOWN	ZIP
_____	_____	_____	_____
_____	_____	_____	_____

2. PLEASE SPECIFY WHAT WAS PURCHASED AND THE PRICE THEREOF:

A. _____ License \$ _____
 B. _____ Stock of Corp. _____
 C. _____ Real Estate _____
 D. _____ Assets of Corp. _____
 E. _____
 Total Purchase Price \$ _____

3. FINANCING

SOURCE OF FUNDS

A. Cash Down Payment \$ _____
 B. Loan #1 _____
 C. Loan #2 _____

TOTAL \$ _____

4. FOR LOAN TRANSACTION AS APPEARING IN ITEM #3
PLEASE SHOW:

	LOAN # 1	LOAN # 2
A. Amount of Loan	\$ _____	\$ _____
B. Payee's Name and Address	_____	_____
	_____	_____
C. Guarantor's Name and Address	_____	_____
	_____	_____
D. Security for the Loan(s)	_____	_____
	_____	_____

5. IF APPLICANT LEASES THE PREMISES, LIST THE LESSOR, ANNUAL RENT AND INDICATE TO WHOM SUCH PAYMENTS ARE MADE IF OTHER THAN THE LESSOR.

A. Name and Address of Lessor _____

 B. Name and Address of Lessee _____

 C. Annual Rent \$ _____
 D. Name and Address of Payee
 other than Lessor _____

SIGNED AND SUBSCRIBED TO UNDER THE PAINS AND PENALTIES OF PERJURY THIS _____
 DAY OF _____ 19____ BY:

Printed: _____

Written: _____

(Signature)

THIS FORM FOR FINANCING

IS LICENSE PART OF COLLATERAL:
(Using Liquor License To Secure Financing)

YES ☐NO ☐

PURCHASE PRICE: _____

WHAT ASSETS WERE PURCHASED:

PREMISES ☐FURNITURE ☐EQUIPMENT ☐INVENTORY ☐GOOD WILL ☐

OTHER ASSETS: _____

NAME OF PURCHASER(S): _____

HOW FINANCED: \$ _____

(Cash - Loans - Mortgage - Bank - Seller - etc.)

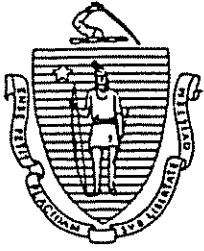
PREMISES: OWNED ☐ LEASED ☐ RENTED? IF LEASED OR RENTED OWNER'S
NAME AND MONTHLY TERMS.

ANY ADDITIONAL INFORMATION THAT YOU MAY HAVE THAT WOULD HELP THE COMMISSION
APPROVE THIS APPLICATION: _____

SIGNED AND SUBSCRIBED UNDER PENALTY OF PERJURY THIS _____ DAY

OF _____ 19 _____

BY: SIGNATURE: _____ TITLE: _____



The Commonwealth of Massachusetts
The Alcoholic Beverages Control Commission
239 Causeway Street, Suite 200
Boston, MA 02114

Telephone: 617-727-3040
FAX: 617-727-1258

FORM A
LICENSEE PERSONAL INFORMATION SHEET

THIS FORM MUST BE COMPLETED FOR EACH:

- _____ A. NEW LICENSE APPLICANT
- _____ B. APPOINTMENT OR CHANGE OF MANAGER
IN A CORPORATION
- _____ C. TRANSFER OF LICENSE (RETAIL ONLY-SEC. 12 & SEC. 15)

(Please check which transaction is the subject of an application accompanying this Form A.)

PLEASE TYPE OR PRINT ALL INFORMATION

ALL QUESTIONS MUST BE ANSWERED AND TELEPHONE NUMBERS PROVIDED OR
APPLICATION WILL NOT BE ACCEPTED.

1. LICENSEE NAME _____
(NAME AS IT WILL APPEAR ON THE LICENSE)
2. NAME OF (PROPOSED) MANAGER _____
3. SOCIAL SECURITY NUMBER _____
4. HOME (STREET) ADDRESS _____
5. AREA CODE AND TELEPHONE NUMBER (S): (Give both, your home telephone and a number at which you can be reached during the day).
DAY TIME # _____ HOME# _____
6. PLACE OF BIRTH: _____ 7. DATE OF BIRTH: _____
8. REGISTERED VOTER: _____ YES _____ NO 8A. WHERE?: _____
9. ARE YOU A U. S. CITIZEN: _____ YES _____ NO
10. COURT AND DATE OF NATURALIZATION (IF APPLICABLE): _____
(Submit proof of citizenship and/or naturalization such as Voter's Certificate, Birth Certificate or Naturalization Papers)

11. FATHER'S NAME: _____ 12. MOTHER'S MAIDEN NAME: _____
13. IDENTIFY YOUR CRIMINAL RECORD, (Massachusetts, Military, any other State or Federal): ANY OTHER ARREST OR APPEARANCE IN CRIMINAL COURT CHARGED WITH A CRIMINAL OFFENSE REGARDLESS OF FINAL DISPOSITION:
_____ YES _____ NO (MUST CHECK EITHER YES OR NO)

IF YES, PLEASE DESCRIBE OFFENSE (S) SPECIFIC CHARGE AND DISPOSITION (FINE, PENALTY, ETC.)

14. PRIOR EXPERIENCE IN THE LIQUOR INDUSTRY: _____ YES _____ NO
IF YES, PLEASE DESCRIBE:

15. FINANCIAL INTEREST, DIRECT OR INDIRECT, IN THIS OR ANY OTHER LIQUOR LICENSE, PERMIT OR CERTIFICATE: _____ YES _____ NO

IF YES, PLEASE DESCRIBE:

16. EMPLOYMENT FOR THE LAST TEN YEARS (Dates, Position, Employer, Address and if known, Telephone Numbers):

17. HOURS PER WEEK TO BE SPENT ON THE LICENSED PREMISES: _____

18. I HEREBY SWEAR THAT UNDER THE PAINS AND PENALTIES OF PERJURY THAT THE INFORMATION I HAVE GIVEN IN THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

BY: _____
PROPOSED MANAGER SIGNATURE

DATE

CONFIDENTIAL

LICENSING BOARD FOR THE CITY OF BOSTON
 Room 809, City Hall, Boston, Mass. 02201

DATE: _____ 20, _____

CRIMINAL RECORD INFORMATION FORM

Managers, Stockholders, Officers and Directors of Corporation and Others

NAME OF CORPORATION _____

NAME _____ ALIAS, IF ANY _____

ADDRESS _____ ZIP CODE _____

OCCUPATION _____

BIRTHPLACE _____ DATE OF BIRTH _____

FATHER'S NAME _____ MOTHER'S NAME _____

HUSBAND OR WIFE'S NAME _____

If you have any record of misdemeanors including: drunkenness, simple assault, speeding, minor traffic violations, affray or disturbance of the peace. . . and such offenses were disposed of ten or more years prior to the filing of this application. . . you may be considered to have "NO RECORD" for the purpose of furnishing this department information as to your criminal record.

I _____ APPLICANT FOR A
 _____ LICENSE IN THE
 CITY OF BOSTON, HEREBY STATE THAT I HAVE NOT BEEN CONVICTED FOR
 VIOLATION OF A STATE OR FEDERAL NARCOTIC LAW.

I _____ do hereby state
 THAT I HAVE NO RECORD OF CRIMINAL CONVICTIONS IN ANY STATE OR FEDERAL
 COURT EXCEPT THOSE LISTED AS FOLLOWS:

I _____ do hereby state
 THAT I HAVE NO PENDING CRIMINAL CHARGES AGAINST ME FOR ANY CRIMINAL
 VIOLATIONS IN ANY STATE OR FEDERAL COURT EXCEPT THOSE LISTED AS
 FOLLOWS: _____

SIGNED AND SUBSCRIBED TO UNDER THE PAINS AND PENALTIES OF PERJURY THIS
 PRINT LAST NAME _____

_____ DAY, OF _____, 20____ BY: _____

ANY STATEMENTS CONTAINED HEREIN FOUND TO BE UNTRUE SHALL BE CAUSE
 FOR THE CANCELLATION AND/OR REVOCATION OF ANY LICENSE GRANTED TO THE
 APPLICANT OR CORPORATION IN WHICH HE IS A PRINCIPAL OR AGENT.

CONFIDENTIAL

LICENSING BOARD FOR THE CITY OF BOSTON
Room 809, City Hall, Boston, Mass. 02201

DATE: _____ 20. _____

CRIMINAL RECORD INFORMATION FORM

Managers, Stockholders, Officers and Directors of Corporation and Others

NAME OF CORPORATION _____

NAME _____ ALIAS, IF ANY _____

ADDRESS _____ ZIP CODE _____

OCCUPATION _____

BIRTHPLACE _____ DATE OF BIRTH _____

FATHER'S NAME _____ MOTHER'S NAME _____

HUSBAND OR WIFE'S NAME _____

If you have any record of misdemeanors including: drunkenness, simple assault, speeding, minor traffic violations, affray or disturbance of the peace. . . and such offenses were disposed of ten or more years prior to the filing of this application. . . you may be considered to have "NO RECORD" for the purpose of furnishing this department information as to your criminal record.

I _____ APPLICANT FOR A
_____ LICENSE IN THE
CITY OF BOSTON, HEREBY STATE THAT I HAVE NOT BEEN CONVICTED FOR
VIOLATION OF A STATE OR FEDERAL NARCOTIC LAW.

I _____ do hereby state
THAT I HAVE NO RECORD OF CRIMINAL CONVICTIONS IN ANY STATE OR FEDERAL
COURT EXCEPT THOSE LISTED AS FOLLOWS:

I _____ do hereby state
THAT I HAVE NO PENDING CRIMINAL CHARGES AGAINST ME FOR ANY CRIMINAL
VIOLATIONS IN ANY STATE OR FEDERAL COURT EXCEPT THOSE LISTED AS
FOLLOWS: _____

SIGNED AND SUBSCRIBED TO UNDER THE PAINS AND PENALTIES OF PERJURY THIS
PRINT LAST NAME _____

_____ DAY, OF _____, 20____ BY: _____

ANY STATEMENTS CONTAINED HEREIN FOUND TO BE UNTRUE SHALL BE CAUSE
FOR THE CANCELLATION AND/OR REVOCATION OF ANY LICENSE GRANTED TO THE
APPLICANT OR CORPORATION IN WHICH HE IS A PRINCIPAL OR AGENT.

LICENSING BOARD FOR THE CITY OF BOSTON
Room 809, City Hall, Boston, Mass. 02201

DATE _____ 20 _____

AFFIDAVIT OF NOTICE TO ABUTTERS AND OTHERS

To the Licensing Board
for the City of Boston:

I _____ hereby certify that the following is a true list
of the persons shown upon the Assessor's most recent valuation list as the owners of the property abutting the
proposed location for an alcoholic beverages license at _____:

and that the following schools, churches or hospitals are located within a radius of five hundred (500) feet from
said proposed location:

If there are none, please so state _____

I also certify that notice of this application/petition concerning an alcoholic beverages license was given to the
above by mailing to each of them within three days after publication of the same, a copy of the advertisement
of said application/petition, a copy of which advertisement is attached below. Also attached are the registered
receipts/return registered receipts bearing signatures of persons receiving said notice.

Signed and subscribed to under the pains and penalties of perjury this _____ day
of _____, 20 _____,

Printed: _____

Written: _____
(authorized individual, manager, or corporate officer)

ATTACH ADVERTISEMENT
AND RECEIPTS HERE

Notary Public _____

My Commission expires _____ 20 _____

INSTRUCTIONS FOR NOTIFICATION TO ABUTTERS

1. Go to Engineering Office in the Assessing Department to find out which parcels of real estate abut the licensed premises and whether or not there are any schools, churches or hospitals within 500 feet of the premises. The Engineering Department is located in Room 301, City Hall.
2. From the Assessors most recent list, find out the names and mailing addresses of the abutters and others.
3. List the abutters and others on the other side of this form.
4. When the legal notice is published the newspaper will mail several copies of the advertisement to you. Upon receipt of these "tear slips" you should send one by certified mail to each of the persons or organizations listed.
5. Bring this completed form to the hearing along with the post office receipts or the return receipts which are mailed back to you.

At a meeting of the Board of Directors of _____

~~19~~

held at _____

on _____

~~19~~

it was duly voted that the Corporation apply to the Licensing Board for the City of Boston for a _____

license, for the year _____ to be exercised on the premises located at _____

"VOTED: To authorize _____

to sign the application for the license in the name of _____

and

to execute in its behalf any necessary papers, and to do all things required relative to the granting of the license."

"VOTED: To appoint _____

of _____

as its manager or principal representative, with as full authority and control of the premises described in the license of the Corporation and of the conduct of all business therein relative to alcoholic beverages as the licensee itself could in any way have and exercise if it were a natural person resident in the Commonwealth of Massachusetts and that a copy of this vote duly certified by the Clerk of the Corporation and delivered to said manager or principal representative shall constitute the written authority required by Sec. 26, Chap. 138, G. L."

This is to certify that all the directors of _____

a Corporation duly organized under the laws of the Commonwealth of Massachusetts, are citizens of the United States and a majority are residents of the Commonwealth.

This Corporation has _____ been dissolved.

A TRUE COPY
ATTEST

Clerk

At a meeting of the Board of Directors of _____

~~19~~

held at _____

on _____

~~19~~

it was duly voted that the Corporation apply to the Licensing Board for the City of Boston for a _____

license, for the year _____ to be exercised on the premises located at _____

"VOTED: To authorize _____

to sign the application for the license in the name of _____

and

to execute in its behalf any necessary papers, and to do all things required relative to the granting of the license."

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as its manager or principal representative, with as full authority and control of the premises described in the license of the Corporation and of the conduct of all business therein relative to alcoholic beverages as the licensee itself could in any way have and exercise if it were a natural person resident in the Commonwealth of Massachusetts and that a copy of this vote duly certified by the Clerk of the Corporation and delivered to said manager or principal representative shall constitute the written authority required by Sec. 26, Chap. 138, G. L."

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Clerk